

Rec'd PCT/PTO 21 DEC 2004

10/518511

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION SUBMITTED WITH INITIAL FILING (37 CFR 1.63)</b>	Attorney Docket No.	3023-106
	First Named Inventor	Muser
	Application Number	N/A
	Filing Date	herewith
	Group Art Unit	N/A
	Examiner Name	N/A

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **SEAT COMPONENT TO PREVENT WIPLASH INJURY**, the specification of which was filed on June 24, 2003, as international application PCT/EP2003/006615.

I hereby state that I have reviewed and understand the contents of the specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed	Certified Copy Attached? Yes/No
02405537.8	EP	June 26, 2002	YES	NO

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

I or we hereby appoint all attorneys associated with **Customer Number 46002**, to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to:

Joyce von Natzmer  
4615 North Park Avenue  
Suite 919  
Chevy Chase, MD 20815

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that

willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>Markus</u> (first and middle (if any))		Family Name <u>Muser</u> or Surname	
Inventor's Signature <u>M. Muser</u>		Date <u>Dec 6 / 2004</u>	
Residence: <u>WAEDENSWIL</u>	State	Country <b>SWITZERLAND</b>	Citizenship <b>SWISS</b>
Mailing Address <u>Seestrasse 79</u> <u>CHX</u>			
Mailing Address			
City <u>Waedenswil</u>	State	Zip <u>8820</u>	Country <b>SWITZERLAND</b>
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>Kai-Uwe</u> (first and middle (if any))		Family Name <u>Schmitt</u> or Surname	
Inventor's Signature <u>Kai-Uwe Schmitt</u>		Date <u>Dec 6<sup>th</sup> 2004</u>	
Residence: <u>ZUERICH</u>	State	Country <b>SWITZERLAND</b>	Citizenship <b>GERMAN</b>
Mailing Address <u>Bucheggstrasse 160</u> <u>CHX</u>			
Mailing Address			
City <u>Zuerich</u>	State	Zip <u>8057</u>	Country <b>SWITZERLAND</b>
<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country